

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/29/2008
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 295067	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/01/2008
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NAME OF PROVIDER OR SUPPLIER EVERGREEN AT CC HEALTH & REHAB	STREET ADDRESS, CITY, STATE, ZIP CODE 3050 N ORMSBY CARSON CITY, NV 89703
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INITIAL COMMENTS

This Statement of Deficiencies was generated as a result of a complaint investigation conducted in your facility on 4/30/08 and 5/1/08.

Complaint #NV00017985 alleged that the facility failed to provide treatment to prevent the worsening of a pressure sore. The complaint was substantiated with a federal deficiency cited. See F314.

Complaint #NV00018121 alleged the facility failed to provide adult briefs for residents due to the cost. The complaint was unsubstantiated.

Complaint #NV00018136 alleged that the facility failed to provide good housekeeping. The complaint was unsubstantiated. The complaint also alleged that facility had an outbreak of diarrhea. The outbreak was substantiated, but due to the facility's actions no deficiency was cited.

The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigation, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.

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483.25(c) PRESSURE SORES

Based on the comprehensive assessment of a resident, the facility must ensure that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that they were unavoidable; and a resident having pressure sores receives necessary treatment and services to promote healing, prevent infection and

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F-314 Pressure Sores

It is the policy of this facility that residents who enter without pressure sores do not develop pressure sores unless the individual's clinical condition demonstrates that they were unavoidable; and a resident having pressure sores receives treatment and services to promote healing, prevent infection and prevent new sores from developing.

Residents with Potential Risks

Resident #1 has discharged from the facility. All residents with pressure sores have the potential to be harmed by failure to comply with this policy.

Corrective Action

Licensed nurses will be in-serviced on proper documentation of skin condition to ensure the progression of the wound is monitored and assessed in accordance with facility policy and procedures.

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DISCLAIMER CLAUSE

PREPARATION AND/OR EXECUTION OF THIS PLAN OF CORRECTION DOES NOT CONSTITUTE THE PROVIDER'S ADMISSION OF OR AGREEMENT WITH THE FACTS ALLEGED OR CONCLUSIONS SET FORTH IN THE STATEMENT OF DEFICIENCIES. THE PLAN OF CORRECTION IS PREPARED AND/OR EXECUTED SOLELY BECAUSE IT IS REQUIRED BY THE PROVISIONS OF FEDERAL AND STATE LAW.

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>[Signature]</i>	TITLE EXECUTIVE DIRECTOR	(X6) DATE 6/4/08
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Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 314	<p>Continued From page 1 prevent new sores from developing.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review, interview, and policy and procedure review, it was determined that the facility failed to document the condition of a wound to ensure that the progression of the wound was monitored and assessed in accordance with facility policy and procedure for 1 resident. (#1)</p> <p>Findings include:</p> <p>On 4/30/08, the facility's wound/skin evaluation and documentation policy and procedure was reviewed. The policy read "The facility will have a systematic approach and monitoring process for skin integrity and/or skin ulcers/pressure ulcer care evaluation and documentation." The procedures were listed as:</p> <p>"1. The nurse completes the Wound/Skin Evaluation and Documentation form for skin ulcers/pressure ulcers/bruises/skin tears/wounds when identified and weekly until resolved.</p> <p>2. Complete weekly documentation for all wounds on the Wound/Skin Evaluation and Documentation form. List only one wound per form. Place in medical record upon completion.</p> <p>a. For each wound document:</p> <ol style="list-style-type: none"> 1. Wound location... 2. Wound type... 3. Nutrition support 4. Support devices. <p>b. Document weekly until resolved:</p> <ol style="list-style-type: none"> 1. Pressure Ulcer Stage... 2. Wound Bed... 3. Wound Size and Shape... 	F 314	<p>Pressure sores will be assessed, reviewed and documented in skin evaluation form weekly until clear. Care plan will be updated to reflect the current wound condition. DNS will utilize CQI pressure sore audit tool and conduct random audits of residents with pressure wounds and new admits. When deficient practices are noted, appropriate corrective measures will be taken.</p> <p>Implemented Measure to Ensure Compliance/Monitoring of Compliance</p> <p>DNS or designee will do monthly audit and report findings to the CQI Committee including Action Plan.</p>		6/15/08

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F 314	<p>Continued From page 2</p> <p>4. Undermining/Tunneling...</p> <p>5. Drainage Type..."</p> <p>Resident #1: The resident was admitted to the facility on 2/26/08 with diagnoses including fractured femur, bipolar disorder, senile dementia, anemia, osteoarthritis, and peptic ulcer disease. The resident was discharged home on 3/21/08.</p> <p>On 4/30/08, Resident #1's medical record was reviewed. The admission nursing assessment was completed on 2/26/08 and identified a Stage II pressure sore on the coccyx and the right buttocks. There were no wound measurements recorded at that time.</p> <p>A physician order for treatment of Resident #1's Stage II pressure sore was written on 2/27/08. The order was discontinued on 2/28/08 and a new treatment was ordered for the Stage II pressure sores on the coccyx and right buttocks. Review of the treatment sheets revealed this was done daily until discontinued on 3/14/08.</p> <p>Wound/skin evaluation and documentation records were completed on 3/11/08. The wound on Resident #1's coccyx measured 4.0 centimeters (cm) x 3.0 cm. The stage of the pressure sore or depth was not recorded on the 3/11/08 document. On 3/13/08, the wound was assessed as a Stage III, and measured 3.0 cm x 0.25 cm x 0.25 cm deep with white slough. A new wound treatment was ordered on 3/14/08.</p> <p>The nurse's notes recorded on 3/20/08, documented that the wound was a Stage IV measuring "5 cm x 4 cm diameter, depth in middle 1 cm in diameter with .25 cm depth. There is 4.5 cm tunneling @11 o'clock. There is</p>	F 314		

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F 314	<p>Continued From page 3</p> <p>minimal slough @ wound edges." The physician was notified and a wound vac was ordered for the pressure sore. An addendum following a nurse's note dated 3/20/08, documented, "on 3/13/08 as charted in TARS (treatment record) coccyx crease ulcer measured .25 cm depth. Appears visually to be a Stage III. Entire wound bed and opening has slough so staging undeterminable, no tunneling, wound edges pink."</p> <p>Resident #1's care plans were reviewed and revealed a care plan for potential skin integrity impairment. The care plan was dated 2/26/08, and did not identify that the resident had a Stage II pressure ulcer. The goal was documented as "maintain skin integrity" and the approaches/interventions included instructing the resident in turning and positioning change, daily skin check during care, weekly skin evaluation, using a barrier cream and keeping the skin clean and dry. Further review of the care plans failed to reveal a specific care plan for treatment of the Stage II pressure sore.</p> <p>The Initial Skin Integrity Evaluation using the Braden scale Section I was completed on 2/26/08. Resident #1 scored a 17 (moderate risk). A total score of 15 or less represents a high risk for skin breakdown. The was Skin Integrity Evaluation was updated weekly on 3/4/08, 3/11/08, and 3/18/08; the resident had a score of 20 (low risk) for the updates. Section II of the form was completed on 3/11/08 and identified that the resident had a Stage II pressure ulcer and was updated on 3/13/08 to include an air overlay mattress.</p> <p>On 4/30/08, the Director of Nurses was interviewed. She stated that the resident liked to</p>	F 314			

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F 314	Continued From page 4 be out of bed in her wheelchair, turned herself, and liked to lie on her back. The DON stated that the staff had to remind her to turn from side to side and not to lie on her back. She stated that at the time of the resident's admission, the coccyx wound had slough and was not stageable at that time. She was unable to provide additional wound/skin evaluation weekly forms for the resident. She stated that during that time the facility had hired a wound nurse (who was no longer with the facility) and she did not have any additional documentation of the resident's wound.	F 314			

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